PTO/SB/01 (10-01)

Approved for use through 10/31/2007)

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

HAND 3 JOHN	D PATENT	ON FOR UTILITY OF DESIGN APPLICATION CFR 1.63)	₹
PATENT & TRA	Declaration	Declaration	

Declaration Declaration Submitted Submitted after Initial Filing (surcharge with Initial (37 ČFR 1.16 (e)) Filing required)

Attorney Docket Number		960296.00101				
First Named Inventor		Sean P. Palecek				
COMPLETE IF KNOWN						
Application Number	10/717,677					
Filing Date	11/1	9/2003				
Group Art Unit						
Examiner Name						

	As a below named inventor, I hereby declare that:								
	My residence, mailing address, and citizenship are as stated below next to my name.								
	I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
	·								
	METHOD OF BEDLICING CELL DISESSENTIATION								
	METHOD OF REDUCING CELL DIFFERENTIATION								
	the specification of which	(Title of t	he Invention)						
	is attached hereto								
	OR	44/40/0000							
	was filed on (MM/DD/YYYY)	11/19/2003	as United St	ates Application I	Number or PCT International				
	Application Number 10/717,677 and was amended on (MM/DD/YYYY) (if applicable								
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-								
	in-part applications, material inform PCT international filing date of the	continuation-in-part app	olication.	·					
	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other								
	than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the								
-	application on which priority is clai  Prior Foreign Application	med.	Foreign Filing Date	Priority	Certified Copy Attached?				
	Number(s)	. Country	(MM/DD/YYYY)	Not Claimed	YES NO				
			•						
		·							
	Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PTO/SB	/02B attached hereto:				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## **DECLARATION** — Utility or Design Patent Application

		_				
Direct all correspondence to:	ustomer Nun r Bar Code L		6734		OR .	Correspondence address below
Name Sara D. Vinarov						
Address Quarles & Brady LLP						
P O Box 2113 Address						
City Madison				State WI		57301-2113 ZIP
US 608/25 Telephone				61-5000 608/251-9166 Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	on has been fi	led for this unsigned inventor
Given Name Sean P. Family Name Palecek (first and middle [if any]) Family Name Palecek						
Inventor's Seem Palleck Date Date						
Residence: City Madison WI				US Country	Citizenship US	
Mailing Address 11 Chippewa Court						
Mailing Address						
City Madison	n WI State			ZIP 53711		Country US
NAME OF SECOND INVENTOR:   A petition has been filed for this unsigned inventor.					led for this unsigned inventor	
Given Name Juan J. Family Name de Pablo (first and middle [if any]) or Surname					)	
Inventor's Signature Date 4126/04						
Residence: City Madison State			Country		US Citizenship	
Mailing Address 2514 Chamberlain Avenue						
Mailing Address						
City Madison State WI			ZIP 53	ZIP 53705 Country		
Additional inventors are being named on the _1supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

Pto/sb/02A (11-00)
Approved for use through 10/31/2002.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

**ADDITIONAL INVENTOR(S)** Supplemental Sheet Page <u>1</u> of <u>1</u>

Name of Additional Joint Inventor, if an	y:		A petition has been file	d for th	nis unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname			
Lin .						
Inventor's Signature				Date 4-22-04		
Residence: City Madison	State WI		US Country		US Citizenship	
Mailing Address 306 Eagle Heights Apt. H	ļ 					
Mailing Address						
City Madison	State WI		ZIP 53705	Countr	try US	
Name of Additional Joint Inventor, if an			A petition has been filed			
Given Name (first and middle [if any])			Family Name or Surname			
•						
Inventor's Signature		Date				
Residence: City	State		Country		Citizenship	
Mailing Address						
Mailing Address						
City	State	,	ZIP	Cou	ntry	
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname				
·						
Inventor's Signature			Date			
Residence: City	State		Country		Citizenship	
Mailing Address						
Mailing Address						
City	State		ZIP	Co	ountry	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.